DOCUMENT RESUME

ED 395 678 PS 024 222

TITLE	Fact Sheets on Selected Programs.
INSTITUTION	Administration for Children and Families (DHHS), Washington, DC.
PUB DATE	Jun 95
NOTE	36p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adoption; Block Grants; Child Abuse; Child Neglect; Child Welfare; Community Services; Day Care; Drug Use; *Family Programs; *Federal Programs; Foster Care; *Human Services; Juvenile Gangs; Prevention; Program Descriptions; Refugees; Runaways; Social Services
IDENTIFIERS	*Administration for Children and Families; Community Empowerment; Enterprise Zones; Project Head Start

ABSTRACT

This paper provides 1- to 6-page fact sheets on 15 programs administered by the U.S. Department of Health and Human Services' Administration for Children and Families. Each fact sheet provides information on program services and funding. The fact sheets cover the following programs: Youth Gang Drug Prevention, Refugee Assistance, Runaway and Homeless Youth, Head Start, Early Head Start, Foster Care and Adoption Assistance, Child Care and Development Block Grant (CCDBG), Child Care, Community Services, Social Services Block Grant, Family Preservation and Family Support Services, Empowerment Zones and Enterprise Communities, Child Abuse and Neglect, and Child Welfare Services. (MDM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

PS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 395 678

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

FACT SHEETS

on

SELECTED PROGRAMS

PS 024222

BEST COPY AVAILABLE

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

Youth Gang Drug Prevention Program

In FY 1988, the Youth Gang Drug Prevention Program was enacted in response to the growing concern of local communities about gang crime and violence. It provides support for community-based, comprehensive and coordinated activities to reduce and prevent the involvement of at-risk youth in gangs that engage in illicit drug-related activities.

Other purposes of the program are to:

- Promote youth involvement in lawful activities in communities where gangs commit drug-related crimes.
- Prevent drug abuse by youth, educate them about such abuse, and refer abusing gang members for treatment and rehabilitation.
- Support local police department and law enforcement activities related to educational outreach activities.
- Inform gang members and their families about treatment and rehabilitation services for drug abuse.
- Facilitate federal and state cooperation with local school officials to assist at-risk youth.

Twenty-one new projects were funded under the Youth Gang Prevention Program in FY 1994 to develop comprehensive community-based plans for the establishment of gang prevention strategies that are focused on strong community involvement and have a youth development approach. In FY 1995, $10.5 million is available for this program.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

OFFICE OF REFUGEE RESETTLEMENT

Refugee Assistance Program

Since 1975, over 1.9 million refugees have been resettled in the United States. In order to be designated as refugees, people must have a well-founded fear of persecution in their country of origin because of race, religion, nationality, or political opinion. In order to be admitted to the United States, refugees must have a special tie to the U.S., such as: former employment by the U.S. Government or a U.S. company; previous education; close relatives living in the U.S.; and/or persecution specifically related to an individual's association with the U.S. Government. Refugees may also be admitted on humanitarian grounds. In FY 1994, about 112,000 refugees and Amerasians were admitted to the U.S. for resettlement.

The major goal of this program is to provide assistance in order to help refugees achieve economic self-sufficiency within the shortest time possible following their arrival in the U.S. For FY 1995, approximately $400 million is available through five different programs: cash and medical assistance, social services, preventive health services, the voluntary agency matching grant program, and the targeted assistance grant program.

Cash and Medical Assistance

In FY 1995, cash and medical assistance are available to needy refugees -- who are <u>not</u> eligible for other cash or medical assistance programs, such as Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), or Medicaid -- who arrive in the U.S. with no financial resources. Such assistance, if needed, is paid entirely from federal funds and is available only for a limited number of months following arrival in the U.S.

ACF also reimburses states for the costs incurred in the case of refugee children in the U.S. who are identified in countries of first asylum as unaccompanied minors. Depending on their individual needs, refugee children are placed in foster care, group care, independent living, or residential treatment.

Social Services

To help refugees become self-supporting as quickly as possible, ACF also provides funding to state governments which are responsible for providing services, such as English language and employment training. Refugees receiving cash and medical assistance are required to be enrolled in employment services and to accept offers of employment.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Preventive Services

For FY 1995, funds are provided to the Public Health Service both to monitor overseas medical screening for U.S.-bound refugees and to provide grants to state public health departments for preventive health assessment and treatment services to refugees for protection of the public health against contagious diseases.

Voluntary Agency Matching Grant Program

This program requires a dollar-for-dollar match from private funds or in-kind goods and services. During the refugees' first four months in the U.S., several voluntary resettlement agencies take responsibility for resettling refugees and assisting them to become self-sufficient through private initiatives without recourse to public assistance.

Targeted Assistance Grant Program

This program targets additional resources to communities facing extraordinary resettlement problems because of a high concentration of refugees and a high use of public assistance by the resident refugee population. Special efforts are directed to those refugees who depend upon public assistance.

Refugee Population Highlights

From FY 1975 to FY 1994, approximately 1.9 million refugees have been resettled in the U.S. The five States with the largest refugee arrivals from FY 1975 through FY 1994 were: California (479,128); New York (187,160); Florida (82,165); Texas (106,656); and Washington (67,747).

During the past 12 years (FY 1983 through FY 1994), approximately 1,100,000 refugees and Amerasian immigrants from Vietnam have settled in the U.S. During this period, Vietnamese refugees and Amerasians have represented 33 percent of total admissions; refugees from the former Soviet Union represented 27 percent; Laotian, about 3 percent; Cambodians, 6 percent; 3 percent each from Iran, Poland, and Romania; and about 2 percent from Afghanistan, Ethiopia, and Haiti. Refugees from the former Soviet Union have been the largest single country-of-origin group since 1988. Prior to that time, refugees from Vietnam were the largest country-of-origin group.

Distribution by State for FY 1994 Refugee Arrivals

Nearly half of all refugees coming to the U.S. in FY 1994 initially settled in one of two States: California with 24 percent and New York with 19 percent. Texas (5 percent), Washington, (5 percent), Illinois (4 percent), Florida (4 percent), Pennsylvania (3 percent), Massachusetts (3 percent) Georgia (3 percent), and Michigan (3 percent) were also in the top 10 resettlement states.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

Runaway and Homeless Youth Program

The Runaway and Homeless Youth Program began in 1974 in response to concern about increasing numbers of runaway youth who were exposed to exploitation and the dangers of street life. It has subsequently been expanded to assist homeless youth on both a short-term basis and in making the transition to independent living and to provide drug education and prevention services to runaway and homeless youth. For FY 1995, $68.6 million is available for these programs.

In the course of a year, an estimated 500,000 to 1.5 million young people run away from or are forced out of their homes, and an estimated 200,000 are homeless and living on the streets. The ages of these runaways range from younger than 11 to over 18, with more than half being age 15 or 16. Approximately 66 percent of the youth who are runaways seek assistance from youth shelters because of problems with parental relationships.

Alleviating the Problems of Runaway and Homeless Youth

The Runaway and Homeless Youth Program encompasses three service programs: the Basic Center Program and the Transitional Living Program for Homeless Youth, both authorized under the Runaway and Homeless Youth Act, and the Drug Abuse Education and Prevention Program, authorized under the Anti-Drug Abuse Act of 1988.

- To alleviate the problems of runaway youth.
- To reunite children with their families and to encourage the resolution of intrafamily problems through counseling and other services.
- To strengthen family relationships and to encourage stable living conditions for youth.
- To help youth decide upon a future course of action.

In FY 1991, over half of the youth receiving services were reunited with their families or guardians and approximately one-third were placed in other appropriate living arrangements. Less than five percent of the youth receiving services returned to the streets.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Basic Center Program

The Basic Center provides grants to community-based public and private agencies for the provision of outreach, crisis intervention, temporary shelter, counseling, family reunification and aftercare services to runaway and homeless youth and their families. A network of 400 youth shelters nationwide help an estimated 80,000 runaway and homeless youth each year. Approximately 56 percent of the youths' parents also receive services from these programs. In FY 1993, over half of the youths receiving services were reunited with their families or guardians and approximately one-third were placed in other appropriate living arrangements. Less than five percent of the youth receiving services returned to the streets.

Ninety percent of the funds under the Basic Center Program are allocated to the states based on the state population under age 18 in proportion to the national total. In addition to the funds which directly support youth shelters, about 10 percent of the funds are used for a national toll-free hotline; training and technical assistance activities; and research and demonstration projects related to runaway and homeless youth.

National Runaway Switchboard Hotline

The National Runaway Switchboard is a confidential telephone information, referral, and counseling service for runaway and homeless youth and their families. The hotline has helped approximately 300,000 youth and families during the past five years. Over 10,000 calls are received monthly on the toll-free number: 1-800-621-4000.

Transitional Living Program for Homeless Youth

The Transitional Living Program for Homeless Youth authorizes grants to public and private agencies to address the long-term needs of street youth, to promote their transition to self-sufficient living, and to prevent their long-term dependence on social services. The 78 grantees funded under this program nationwide provide a variety of services to homeless youth age 16 to 21, including residential care for up to 18 months; information and counseling in basic life skills; interpersonal skill building; educational advancement; job attainment skills; and physical and mental health care.

Drug Abuse Education and Prevention Program

The Drug Abuse Education and Prevention Program assists communities in addressing the problem of drug use among runaway and homeless youth. Grants are awarded to public and private agencies for the provision of counseling, educational, referral, and other services geared toward the prevention, early intervention, and reduction of drug dependence among these youth populations. These services are currently being provided by 135 grantees funded nationwide. A survey of community-based agencies serving runaway and homeless youth conducted by the National Network of Runaway and Youth Services in 1990 found substance abuse to be the leading health problem among the youth served. Other studies have found the incidence of substance abuse among runaway and homeless youth in large urban areas to be significantly greater than the rate of abuse among other adolescents.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

Head Start

Head Start is a national program which provides comprehensive developmental services for America's low-income, pre-school children ages three to five and social services for their families. Specific services for children focus on education, socio-emotional development, physical and mental health, and nutrition.

Head Start began in 1965 in the Office of Economic Opportunity as an innovative way in which to serve children of low-income families and is now administered by the Administration for Children and Families. For FY 1995, $3.5 billion is available for Head Start. Almost 752,000 children are enrolled in over 37,000 Head Start classrooms. About 13 percent of the enrollees are children with disabilities.

The cornerstone of the program is parent and community involvement -- which has made it one of the most successful pre-school programs in the country. Approximately 1,400 community-based non-profit organizations and school systems develop unique and innovative programs to meet specific needs.

Major Components of Head Start

Head Start provides diverse services to meet the goals of the following four components:

- Education - Head Start's educational program is designed to meet the needs of each child, the community served, and its ethnic and cultural characteristics. Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth.

- Health - Head Start emphasizes the importance of early identification of health problems. Every child is involved in a comprehensive health program, which includes immunizations, medical, dental, and mental health, and nutritional services.

- Parent Involvement - An essential part of Head Start is the involvement of parents in parent education, program planning, and operating activities. Many parents serve as members of policy councils and committees and have a voice in administrative and managerial decisions. Participation in classes and workshops on child development and staff visits to the home allow parents to learn about the needs of their children and about educational activities that can take place at home.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

- Social Services - Specific services are geared to each family after its needs are determined. They include: community outreach; referrals; family need assessments; recruitment and enrollment of children; and emergency assistance and/or crisis intervention.

Head Start Funding

Grants for Head Start programs are awarded to local public or private non-profit agencies by the 10 ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Programs Branches. Twenty percent of the cost of a Head Start program must be contributed by the community. Head Start programs operate in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories.

Most of the Head Start program's appropriation funds local Head Start projects. The remainder is used for: training and technical assistance to assist local projects in meeting Head Start Program Performance Standards and in maintaining and improving the quality of local programs; research, demonstration, and evaluation activities to test innovative program models and to assess program effectiveness; and required monitoring activities.

Staff Development and Training

Head Start provides training to staff at all levels and in all program areas. The Child Development Associate (CDA) program gives professional and non-professional employees the opportunity to pursue academic degrees or certification in early childhood education. Currently, there are over 55,000 CDA's in the U.S. who have earned a CDA credential, including a number with a bilingual specialization.

The Role of Volunteers and Community Organizations

Volunteers are an important part of all Head Start programs. High school and college students, homemakers, parents of Head Start children, retired senior citizens -- all kinds of people -- have offered critical help to local Head Start programs. Volunteers assist with: indoor creative play; transportation; parent education; renovation of centers; and recruiting and instructing other volunteers. Approximately 1,157,000 individuals volunteer, and community organizations provide a wide array of services to Head Start, including the donation of classroom space, educational materials, and equipment for children with disabilities.

Impact of Head Start

Since 1965, Head Start has served over 14.6 million children and their families. Head Start plays a major role in focusing attention on the importance of early childhood development. The program also has an impact on: child development and day care services; the expansion of state and local activities for children; the range and quality of services offered to young children and their families; and the design of training programs for those who staff such programs. Outreach and training activities also assist parents in increasing their parenting skills and knowledge of child development.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

Early Head Start

- In recognition of the powerful research evidence that the period from birth to age three is critical to healthy growth and development and later success in school and life, the 1994 Head Start Reauthorization established, with Presidential leadership and broad bipartisan support, a new initiative to extend Head Start from preschoolers down in age to babies, toddlers, and their families.

- On September 30, 1995, the selection of 68 successful applicants for the new Early Head Start initiative was announced serving more than 5000 children and families in 34 States plus the District of Columbia and Puerto Rico.

- The purpose of these projects is to:
  - enhance children's cognitive, social, emotional and physical development;
  - assist parents in fulfilling their parental roles; and
  - help parents move toward self-sufficiency.

- All of the projects will provide either directly or through referral early, continuous, intensive and comprehensive child development and family support services to low-income families with children under age three. Programs have a great deal of flexibility in how they provide these services, depending on family and community needs. Among the models funded are programs that emphasize center-based and home-based child care and home visiting.

- The program was designed with the advice of a wide-ranging Advisory Committee including the top academic and programmatic experts in young children's development and family support, in order both to take advantage of the newest research and to build on the experience of pioneering programs like the Parent Child Centers and Comprehensive Child Development Programs.

- Based on this expert advice, the program was designed to focus on four cornerstones that are essential to top quality programs: child development, family development, community building and staff development.

- Programs must coordinate with local Head Start programs to ensure continuity of services for children and families.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ November 1995

- HHS will monitor the operation of the new programs, provide training and technical assistance tailored to their needs, and measure their effectiveness through a rigorous experimental evaluation, to be conducted by Mathematica Policy Research in partnership with Columbia University.

- Program sponsors include: Head Start grantees, school systems, universities, colleges, community mental health centers, medical centers, city and county governments, Indian Tribes, Community Action Agencies, child care programs, and other non-profit agencies.

- The funded programs are located in both urban and rural settings in all regions of the country throughout 32 states, the District of Columbia, Puerto Rico and two tribal communities in North Dakota and Washington . The states in which there are Early Head Start grantees are: AK, AR, AZ, CA, CO, FL, GA, IA, IL, IN, KS, KY, MI, MS, MO, NE, NH, NJ, NY, NC, OH, OR, PA, SC, TN, TX, UT, VA, VT, WA, WV, WI.

- Total annual funding for the 68 Early Head Start grantees is $47.2 million.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

Foster Care and Adoption Assistance

The Foster Care and Adoption Assistance programs are designed to assist states in helping children remain in their own homes, moving foster children into permanent homes, and finding adoptive homes for children with special needs. These programs provide funds to help with the costs of foster care maintenance for eligible children and to help with maintenance costs for adopted children with special needs (e.g., children who are older, members of minority or sibling groups, or physically, mentally, or emotionally disabled). Funds also support staff training and administrative costs. To receive adoption assistance, a child must also be a recipient of or be eligible for Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) benefits.

How Funds are Allocated

Authorized under title IV-E of the Social Security Act, these programs provide federal matching funds to states based on the state's per capita income. This rate varies among states from 50 percent to 80 percent. Monthly payments to families and institutions to support foster and adoptive children also vary from state to state. For FY 1995, a total of approximately $3.6 billion is available for Foster Care and Adoption Assistance.

Link with Child Welfare Services

The same state agency must administer or supervise the operation of both child welfare and foster care and adoption assistance programs. The broad goal of these programs is to strengthen families in which children are at risk.

How the Program Has Helped Our Children

Available data show that the estimated median length of a foster care stay has decreased from 24 months in 1977 to 20.4 months in 1990. Based on average monthly data, benefits were paid on behalf of approximately 244,500 foster children in FY 1994.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

The average number of children for whom adoption assistance payments were made and the level of federal reimbursement have increased significantly since this program began in FY 1981. From FY 1981, when only six states were placing children with subsidies, until FY 1994, when all states were claiming expenditures under this program, the average monthly number of children for whom payments were made increased from 289 to almost 92,000.

Independent Living Program

The Independent Living program provides services to youth, age 16 and over, who are in foster care or who were in foster care after the age of 16, to help them make the transition to independent living. Activities include educational and employment assistance, training in daily living skills, individual and group counseling, coordination of services, outreach programs, and the development of individualized transitional living plans.

Funds for Independent Living are awarded to states in the form of grants. Each state can receive an allotment based on their share of title IV-E Foster Care funds awarded in FY 1984. For example, if 10 percent of the foster children who received maintenance payments under the Foster Care program resided in a particular state in FY 1984, then that state is eligible for 10 percent of the funds available.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

Child Care and Development Block Grant (CCDBG)

The Child Care and Development Block Grant (CCDBG) program is one of the major child care programs administered by the Administration for Children and Families. CCDBG serves low-income families that need child care either because a parent is working, attending a training or educational program, or because the family receives or needs to receive protective services. This Block Grant focuses on increasing the availability, affordability, and quality of child care services. Funds are available to provide grants, contracts, and certificates for child care and related services. In addition, CCDBG provides funds to increase the availability of early childhood development and before- and after-school care services.

For FY 1995, Congress appropriated nearly $935 million for the Child Care and Development Block Grant program. Fiscal year 1994 funds were provided to 282 grantees, including the 50 states, Puerto Rico, the District of Columbia, four territories, and 226 Indian tribes and tribal consortia.

Parents Select Child Care to Meet their Needs

The Child Care and Development Block Grant program emphasizes the role of parents in choosing the care that best meets their family's child care needs. Parents are encouraged to make careful choices for their children from a wide range of child care options. Parents may choose from a variety of child care providers, including center-based, family child care and in-home care, care provided by relatives, and sectarian child care providers.

There are a number of requirements which grantees must meet so that parents may make informed decisions concerning child care for their families. Grantees must ensure that child care providers meet minimum health and safety requirements. They must have procedures in place to ensure that child care providers afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operation. Grantees are also required to maintain a record of substantiated parental complaints and to make information regarding such complaints available to the public. In addition, consumer education regarding licensing and regulatory requirements, complaint procedures, and state policies and procedures for child care services must be made available.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Eligibility of Children for Services

Eligibility for child care services purchased under the Child Care and Development Block Grant is limited to children who:

- Are under 13 years of age;
- Come from families with incomes below 75 percent of state median income; and
- Either reside with a parent who is working or attending job training or education, or are receiving or need to receive protective services.

Children under 18 or 19 (depending on the state's definition of a dependent child) who are physically or mentally incapacitated or under court supervision may also be served at the grantee's option.

Use of Block Grant Funds

Grant awards are determined according to a formula based on the number of children in the state under five years old and the number of children in the state receiving free or reduced price school lunches, adjusted by the average per capita income in the state. The U.S. territories' share of funds is based on the number of children under age five in the territory, adjusted according to the territory's relative per capita income. Each Tribe's share is equal to a base amount of $20,000, plus a per child allotment.

Grantees must spend 75 percent of the CCDBG funds on child care services and activities to improve the availability and quality of child care. To ensure that the majority of funds are targeted to services, grantees must spend at least 85 percent of the 75 percent portion to purchase child care services. Child care services are provided through certificates or through grants and contracts with providers.

The remaining 25 percent of CCDBG funds is set aside as follows: three-fourths of that amount is earmarked for early childhood development services and before-and after-school care. Twenty percent is targeted for quality improvement activities in the following areas:

- Resource and referral programs;
- Grants or loans to assist providers in meeting state or local standards;
- Monitoring compliance with licensing and regulatory requirements;
- Training for caregivers; and
- Improving salaries for child care staff.

The remaining five percent may be used either for early childhood development services and before- and after-school care or for quality improvement activities.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

CHILD CARE PROGRAMS

The Administration for Children and Families (ACF) administers a variety of programs to help low-income families obtain child care services. ACF child care services focus on assisting individuals in low-income families who are employed or are in training for employment and who need child care to achieve or sustain self-sufficiency. Child care assistance is available through the states under the following four programs: the Child Care and Development Block Grant; At-Risk Child Care; Child Care for AFDC Recipients; and Transitional Child Care.

Child Care and Development Block Grant (CCDBG)

The Child Care and Development Block Grant provides low-income families with the financial resources to find and afford quality child care for their children. In addition, CCDBG increases the availability of early childhood development and before- and after-school care services. Funds are available to states, Indian tribes, and territories to provide grants, contracts, and certificates for child care services for low-income families. To be eligible, a family must need child care either because a parent is working, attending a training or educational program, or because the family receives or needs to receive protective services.

This program emphasizes the role of parents in choosing the care that best meets their family's child care needs. Parents may choose from a variety of child care providers, including center-based, family child care and in-home care, care provided by relatives, and sectarian child care providers.

Grantees must ensure that child care providers meet minimum health and safety requirements and set specified procedures. In addition, during normal hours of operation, parents must have unlimited access to their children and the providers.

FY 1994 funds were awarded to 282 grantees, including the 50 states, the District of Columbia, Puerto Rico, 4 territories, and 226 Indian tribes and tribal consortia.

Since September 1991, ACF has provided states with almost $3.3 billion in CCDBG funds. For FY 1995, almost $935 million is available. No state matching funds are required.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

At-Risk Child Care

The At-Risk Child Care program gives states the option of providing child care to low-income working families who are not receiving AFDC, who need child care in order to work, and who would be at risk of becoming dependent on AFDC if they did not receive child care assistance. Families must contribute to the cost of care according to their ability to pay.

The central point of program planning, design, and administration is the state welfare agency. In this way, state agencies, which also have the responsibility for providing welfare, employment, and related services under the Job Opportunities and Basic Skills Training (JOBS) program, can coordinate child care with these services.

States may provide child care in the following ways:

- Directly;
- By arranging care through providers by use of purchase of service contracts or vouchers;
- By providing cash or vouchers in advance to the family;
- By reimbursing the family;
- By adopting such other arrangements as the state agency deems appropriate.

All child care providers must meet applicable state and local standards and allow for parental access.

Congress appropriated $357 million for this program for FY 1995. State matching funds are required.

AFDC Child Care

AFDC Child Care provides funds for AFDC applicants and recipients through the AFDC and JOBS programs. This financial support allows them to pursue employment or work training and approved education which will help them to become economically self-sufficient.

Congress appropriated $666 million for FY 1995. State matching funds are required. In FY 1993, AFDC-funded child care served an average monthly number of over 210,859 families and 339,238 children.

Transitional Child Care

Transitional child care continues child care assistance for up to 12 months after a recipient leaves AFDC as a result of increased work hours, higher wages, or the loss of income disregards due to time limitations. Congress appropriated $199 million in federal funds for FY 1995. State matching funds are required. For FY 1993, a monthly average of some 51,775 families and 84,682 children were served.

Other ACF Child Care Activities

Several other ACF activities play a vital role in the delivery of child care services:

- The AFDC Dependent Care Disregard supports AFDC recipients' efforts to work by providing offsets against income from work for recipients' child care costs up to $200 for a child under age 2 and $175 for a child at least age 2.

- The Head Start program, while not specifically targeted to provide child care, offers comprehensive services to enhance the development of low-income, pre-school children. Head Start and the CCDBG can develop mutually beneficial arrangements to provide extended day child care for Head Start children who need it due to their parents' work or training schedules, or to provide CCDBG recipients with a Head Start experience. AFDC child care may also be used to "wrap around" an AFDC child's Head Start program to enable the child's parent to work or participate in approved education and training.

- Dependent Care Planning and Development Grants are made to states to pay 75 percent of the planning and development costs for establishing information and referral systems and school-age child care.

- The Social Services Block Grant (SSBG) enabled states to provide social services which are best suited to the needs of its residents. Services can include child care.

- Child Welfare Services are available to states to provide child care and to help child care centers meet licensing requirements. In addition, as a complement to the state grant program, the Temporary Child Care/Crisis Nurseries program awards grants to public and non-profit agencies for research, demonstration, and training.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

OFFICE OF COMMUNITY SERVICES

Community Services Programs

- **Community Services Block Grants (CSBG)**

The CSBG program provides states and Indian Tribes with funds to lessen poverty in communities. They currently reach most areas of the United States through a network of public and private agencies, which include 57 state and territorial CSBG offices, 950 community action agencies and community-based organizations, and 69 Indian Tribes and Tribal Organizations.

Grantees receiving funds under the CSBG program are required to provide services and activities addressing the following: employment, education, better use of available income, housing, nutrition, emergency services, and health. States and Indian Tribes can provide services and/or activities to meet the needs of low-income families and individuals.

In FY 1995, $391.5 million is available for 57 states and territories. A total of $2.4 million is available for 69 Indian Tribes and Tribal Organizations.

Other Community Services programs include:

- **Urban and Rural Community Economic Development Program**

Emphasis is on self-help and mobilization of the community-at-large. Projects provide employment and ownership opportunities for low-income people through business, physical, or commercial development in economically depressed areas. Eligible organizations are private, locally initiated, non-profit community development corporations. In FY 1995, $23.7 million is available.

- **Rural Housing and Community Facilities Development Program**

Under Rural Housing, funding through grants to states, public agencies, and private nonprofit organizations helps low-income homeowners improve their housing through self-help rehabilitation. Community Facilities Development grants allow low-income rural communities to develop the expertise to maintain affordable, adequate, and safe water and waste water treatment facilities. States, public agencies, and private nonprofit organizations are eligible for funding, but preference is given to previously funded private nonprofit organizations. In FY 1995, $6.2 million is available for these two programs.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

- **Migrant and Seasonal Farmworkers Program**

Projects focus exclusively on the problems and special needs of migrants and seasonal farmworkers. Activities may include: crisis nutritional relief; self-help systems of food production; emergency health and social services; home repair, rehabilitation, and ownership; and employment. In FY 1995, $3.1 million is available.

- **National Youth Sports Program**

Grants to the National Collegiate Athletic Association (NCAA) for the National Youth Sports Program provide a sports program for approximately 70,000 low-income youth. These youth earn and learn self-respect through sports instruction and competition. The NCAA contracts with approximately 173 colleges and universities in 45 states and the District of Columbia for summer sports instruction and enrichment activities to disadvantaged youngsters from ages 10 to 16. Forty-five institutions are funded for year-round programs. The program includes supervised instruction on campus and information about career and educational opportunities, study habits, drug and alcohol abuse, and nutrition. In FY 1995, $12 million is available.

- **Community Food and Nutrition Program**

The Community Food and Nutrition Program (CFN) provides funds to coordinate existing food assistance resources, assist in identifying sponsors of child nutrition programs and initiating new programs in underserved and unserved areas, and develop innovative approaches to meet the nutrition needs of low-income people. Health prevention is an important element. For FY 1995, $8.7 million is available.

- **Demonstration Partnership Program**

The purpose of the Demonstration Partnership Program (DPP) is to stimulate development of new ideas for increasing economic self-sufficiency. Grants have funded projects which focus on small business ventures, self-employment, minority youth life skills, case management, comprehensive integrated services, and early intervention/prevention. Target populations include homeless individuals and families, female heads of households, young minority males, teen parents, school-aged youth "at-risk," and low-income families. For FY 1995, $8.0 million is available.

- **Job Opportunities for Low-Income Individuals Program**

The Job Opportunities for Low-Income Individuals (JOLI) program provides self-employment opportunities for low-income individuals and/or families, expansion of existing businesses, and the development of business opportunities that will create full-time permanent jobs for low-income and AFDC-eligible people. In FY 1995, $5.5 million is available for non-profit organizations.

- **Homeless Families Support Services Demonstration Program**

The Homeless Families Support Services Demonstration program provides grants to encourage cooperation among support services providers; create a centralized location for client access; and reduce the low-income, homeless, and at-risk family's administrative burden. Program goals include: enhancing living conditions in low-income housing areas, improving physical, social, and educational development of low-income children and families; increasing literacy levels and basic employment skills; and reducing homelessness. For FY 1995, $7.4 million is available.

- **Family Violence Prevention and Services Program**

This program assists States, Indian Tribes, and Territories to prevent family violence and provide immediate shelter and related assistance for victims of family violence and their dependents. Funds also are provided to public and private nonprofit organizations for coordination, research, training, technical assistance, and hotline and clearinghouse activities. For FY 1995, $32.6 million is available.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

OFFICE OF COMMUNITY SERVICES

Social Services Block Grant (SSBG)

The Social Services Block Grant (SSBG) provides funding to states for a broad array of services. The SSBG is based on two fundamental principles: that state and local governments and communities are best able to determine the needs of the individuals to help them achieve self-sufficiency; and that social and economic needs are interrelated and must be met simultaneously. SSBG funds are used to prevent, reduce, or eliminate dependency; prevent neglect, abuse, or exploitation of children and adults; prevent or reduce inappropriate institutional care; and provide admission or referral for institutional care when other forms of care are inappropriate.

How SSBG Funding Works

SSBG Grants are made directly to the 50 states, the District of Columbia, and Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands to fund social services tailored to meet the needs of individuals and families residing within that jurisdiction. Grants are determined by a statutory formula based on each state's population. States are fully responsible for determining the use of their funds.

In addition, up to 10 percent of block grant funds may be transferred to other block grant programs for support of health services, health promotion and disease prevention activities, and low-income home energy assistance.

For FY 1995, Congress appropriated $2.8 billion for this program under the annual Social Security Block Grant (Omnibus Budget Reconciliation Act of 1981, P.L. 97-35). Federal funds are available without a matching requirement. Within the specific limitations in the law, each state has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among the various services within the state. State and/or local title XX agencies (i.e. county, city, regional offices) may provide these services directly or purchase them from qualified agencies and individuals.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Empowerment Zones and Enterprise Communities

In FY 1993, Congress appropriated $1 billion to target 104 distressed areas designated as Empowerment Zones and Enterprise Communities by the U.S. Departments of Housing and Urban Development and Agriculture. There are six urban and three rural empowerment zones. Each urban zone receives $100 million in flexible social services block grants and tax breaks for zone businesses. Each rural zone receives $40 million. In addition, 95 enterprise communities are designated to receive $3 million each in social services block grants and tax exempt bond financing for businesses; 65 are in urban areas and 30 in rural.

States use the funds to enable distressed urban and rural communities to implement strategies that help residents own and manage enterprises within designated areas and connect them to jobs and opportunities throughout the region. Eligible communities must bring together the community, the private sector, and local government to promote economic, human, and physical development. Funding must be used for economic self-support to reduce dependency and remedy neglect, abuse, or exploitation of children and adults and to preserve, rehabilitate, or reunite families.

Specific Services Funded Under SSBG

An analysis of the most recent data shows that the top 10 services offered and the number of states providing these services were: child day care (47); home-based services (46); child protective services (46); special services for the disabled (38); social support services (37); adoption services (34); case management (33); adult protective services (32); foster care services for children (31); and prevention and intervention services (31).

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES

Family Preservation and Family Support Services help state child welfare agencies and eligible Indian tribes establish and operate integrated, preventive family preservation services and community-based family support services for families at risk or in crisis. Most grant funds go directly to state governments or certain eligible Indian tribes for expenditure in accordance with their 5-year plans. Other grant funds are set aside for nationally-funded evaluation, research, and training and technical assistance projects. In addition, beginning in FY 1995, grants will be made to state courts to improve foster care and adoption proceedings.

Family preservation services typically are activities that help families alleviate crises that might lead to out of home placements of children because of abuse or neglect. They help to maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs. These include services to improve parenting skills and follow-up services to support adopting and reunifying families.

Family support services, often provided at the local level by community-based organizations, are voluntary, preventive activities to help families nurture their children. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources, supportive networks, and opportunities to assist parents with child rearing. Family support activities include respite care for parents and caregivers, early developmental screening of children to identify their needs, tutoring, health education for youth, and a range of center-based activities, such as drop-in centers and home visiting programs.

Some activities, classes on parenting, respite care, and assistance in obtaining benefits, may be considered both a family preservation and a family support service.

Goals and Principles

The primary goals of Family Preservation and Family Support Services are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Family Preservation and Family Support Services are based on several key principles. The welfare and safety of children and of all family members should be maintained while strengthening and preserving the family. It is advantageous for the family as a whole to receive services which identify and enhance its strengths while meeting individual and family needs. Services should be easily accessible, often delivered in the home or in community-based settings, and they should respect cultural and community differences. In addition, they should be flexible, responsive to real family needs, and linked to other supports and services outside the child welfare system. Services should involve community organizations and residents, including parents, in their design and delivery. They should be intensive enough to keep children safe and meet family needs, varying between preventive and crisis services.

Coordinating State, Tribal, and Community Services

Multiple needs of at-risk children and families are best addressed in a comprehensive system which links state, tribal, local, and community-based organizations. Such a family-focused network enhances service delivery and coordination by allowing families to benefit from an integrated service continuum. Family Preservation and Family Support Services can serve as a catalyst to encourage states and tribes to establish or expand flexible, integrated activities which combine community resources. Depending on its needs, a family may benefit from the full range of child welfare services, including child abuse and neglect preventive and treatment services, foster care, and services to support reunification, adoption, kinship care, independent living, or other permanent arrangements. In addition, these services may be coordinated with those that meet other needs, such as housing, employment, and health.

States and Indian tribes must take part in a comprehensive planning process to formulate responsive strategies to meet family needs. Outreach and consultation during the planning phase can help develop new service approaches, identify service overlaps and gaps, locate available resources, and create strategies for blended financing or simplified case management procedures. The scope of planning goes beyond child welfare to include housing, mental health, primary health, education, juvenile justice, community-based programs providing family support and family preservation services, and other social programs that serve children and their families in the state.

Possible planning partners are: state, tribal, and local public agencies, non-profit private agencies, and community-based organizations which provide children's and family services; state and local agencies administering federal assistance programs; biological, foster, and adoptive parents; families with a relative with a disability; community leaders and representatives of professional and advocacy organizations; individual practitioners; and the courts. The federal government is available to provide technical assistance and facilitate the coordination of programs.

Linking Long-Range Planning with Funding

In FY 1994, states and eligible Indian tribes used their grants to develop 5-year plans for FY 1995-1999 to improve coordination of programs serving families with children. Formulation of the plan could include data collection and analysis and collaboration with numerous organizations with experience in administering children's and family services. By making funds available for planning and by requiring the development of a comprehensive 5-year plan in order to receive funds in FY 1995, the design and delivery of family and children's services were strengthened, reformed, and better integrated.

For FY 1994, $60 million was authorized; for FY 1995, $150 million; for FY 1996, $225 million; for FY 1997, $240 million; and for FY 1998, $255 million.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

OFFICE OF COMMUNITY SERVICES

Empowerment Zones and Enterprise Communities (EZ/EC)

In FY 1993, Congress appropriated $1 billion to be targeted to 104 distressed areas designated as Empowerment Zones and Enterprise Communities (EZ/EC). The Department of Health and Human Services (HHS) provides grants to states for the designated EZ/EC areas through a special component of the Social Services Block Grant (SSBG). There are six urban and three rural empowerment zones. Each urban zone receives $100 million in flexible social services block grants and tax breaks for zone businesses. Each rural zone receives $40 million. In addition, 95 enterprise communities are designated to receive $3 million each in social service block grants and tax exempt bond financing for businesses; 65 are in urban areas and 30 in rural.

States use the funds to enable distressed urban and rural communities to implement strategies that help residents own and manage enterprises within designated areas and connect them to jobs and opportunities throughout the region. Eligible communities must bring together the community, the private sector, and local government to promote economic, human, and physical development.

EZ/EC -- A Component of the Social Services Block Grant

States have used these funds to finance social service activities, such as protective services for children, child care, home-based services, and a wide range of other services to meet the needs of children, families, the aged, and people with physical or mental disabilities.

Funds are awarded for use over a 10-year period to enable grantees to think creatively and plan for the longer term. This gives communities more stable and flexible funding needed to accomplish their goals which include the following: enabling economic self-support; preserving, rehabilitating, or reuniting families; and addressing the abuse or neglect of children and adults. Designated zones and communities can use funds to pursue a number of program options which focus on the following services that promote both social and economic development:

- Substance abuse prevention and treatment programs with comprehensive services for mothers and children;
- Programs that provide activities, such as mentoring and studying, outside of school hours;

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

- Entrepreneurship and self-employment training to promote self-sufficiency;
- Community and economic development activities, such as transportation services to link workers with jobs;
- Home ownership and other assistance to move people to economic independence;
- Training and employment in construction, rehabilitation, or improvement of affordable housing, public infrastructure, and community facilities; and
- Emergency and transitional shelter.

Those communities which use funds to pursue these options are able to undertake certain activities, such as purchasing or improving land or facilities, that would not be possible under the regular SSBG program. Other innovative activities not specified as program options may also be funded, but must be justified in the applicant's strategic plan.

HHS' Role in the EZ/EC Program

HHS has been a key contributor to the community empowerment initiative since its inception. In addition to funding, the Department helped with the initiative's development and participates in its implementation with the U.S. Departments of Housing and Urban Development and Agriculture. HHS brings a human development perspective to community empowerment by providing the link between economic and human development. HHS' focus on health care, job placement assistance, education, and family support builds the capacity and stability of children, youth, and families so that they can create and take advantage of valuable opportunities to enhance their lives.

In addition, several programs administered by HHS' Administration for Children and Families (ACF) give special consideration to grant applicants serving residents of designated zones and communities. To coordinate related services, ACF is encouraging partnerships among those programs which benefit from joint planning. Programs, such as Family Preservation and Support Services, Job Opportunities and Basic Skills Training, child care, Head Start, and Community Services, are working together to help meet the employment, training, and child and family support needs of residents and promote their self-sufficiency.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

Administration on Children, Youth and Families

Child Abuse and Neglect

In 1993, states referred for investigation an estimated 1.95 million reports on approximately 2.9 million children who were the alleged victims of child abuse and neglect. Maltreated children are found in all income, racial, and ethnic groups. In addition, the incidence of reported cases of child abuse and neglect are similar in urban, suburban, and rural communities. Among substantiated cases of child maltreatment, approximately 49 percent were for neglect, 24 percent for physical abuse, 14 percent for sexual abuse, and 23 percent for other forms of maltreatment.

The Child Abuse and Neglect program provides grants to states to improve and increase prevention and treatment activities. The National Center on Child Abuse and Neglect (NCCAN), located within the Administration for Children and Families, allocates child abuse and neglect funds appropriated by Congress and coordinates the federal government's activities in this field.

NCCAN's responsibilities include:

- Assisting states to meet their responsibilities for the prevention of and intervention in cases of child abuse and neglect by providing funds and technical assistance;
- Generating knowledge by funding research, service improvement programs, and demonstration projects;
- Generating knowledge through the ongoing collection of data about the scope and nature of the problem, its consequences, and the effectiveness of prevention and treatment services;
- Facilitating information dissemination and exchange; and
- Supporting the education of professionals in the field and policy development.

State Grant Programs

Funding is available to the states through four grant programs:

- Community-Based Family Resource Program Grants support statewide networks of local child abuse and neglect prevention and family resource programs. To receive these funds, states must have established or maintained, in the year prior to the funding request, a trust fund or

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

other funding mechanism that pools Federal, state, and private funds and makes them available for child abuse and neglect prevention and family resource programs. In FY 1995, $31.363 million is available to states.

- The Basic State Grants provide assistance in developing, strengthening, and implementing child abuse and neglect prevention and treatment programs. In FY 1994, 55 jurisdictions received grants totalling $19.854 million. For FY 1995, the same amount is available.

  Eligible states must have established the following: a mandatory reporting law; procedures for the prompt investigation of reports; provisions to provide emergency services to protect reported children; provisions for immunity from prosecution for reporters; an assurance that a guardian ad litem is appointed in judicial proceedings to represent and protect the rights and best interests of the child; a system of preventive and treatment services and related multidisciplinary programs and services; and a process in which reports and records are kept confidential and in which unauthorized disclosure is a criminal offense. States must also have programs and/or procedures in place for the purpose of responding to reports of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life threatening conditions.

- The Children's Justice Act of 1986 provides grants which help to develop, establish, and operate programs designed to improve the following: the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which reduces additional trauma to the child; the handling of cases of suspected child abuse or neglect related fatalities; and procedures for the investigation and prosecution of child abuse and neglect cases, particularly in cases of child sexual abuse and exploitation. Funds for this program are allocated from the Department of Justice's Victims of Crime Fund. In FY 1994, 48 jurisdictions received grants totalling more than $9.3 million. For FY 1995, the amount available is $8.5 million.

- Medical Neglect/Disabled Infants State Grants help states respond to reports of medical neglect, including the withholding of medically indicated treatment from disabled infants with life-threatening conditions. There are no eligibility requirements for the Medical Neglect/Disabled Infants State Grant. In FY 1994, 57 jurisdictions received these grants totalling nearly $3 million. For FY 1995, $3 million is available.

Research and Demonstration Projects

Funds also support research on the causes, prevention, and treatment of child abuse and neglect; demonstration programs to identify the best means of preventing maltreatment and treating troubled families; and the development and implementation of training programs. Grants for these projects are provided on a competitive basis to state and local agencies and organizations nationwide. Projects have focused on every aspect of prevention, identification, investigation, and treatment.

In FY 1995, approximately $15.4 million in discretionary funds will be used to support new research and demonstration grants as well as grants and contracts awarded in previous years.

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

Child Welfare Services

Publicly funded Child Welfare Services are directed toward the goal of keeping families together. They include preventive intervention so that, if possible, children will not have to be removed from their homes. If this is not possible, placements and permanent homes through foster care or adoption can be made. In addition, reunification services are available to encourage the return home, when appropriate, of children who have been removed from their families.

Funding and Eligibility Requirements

The Child Welfare Services program provides grants to states under title IV-B of the Social Security Act. Services are available to children and their families without regard to income.

For FY 1995, almost $292 million is available to 56 states and jurisdictions for child welfare services. Each state receives a base amount of $70,000. Additional funds are distributed in proportion to the state's population of children under age 21 multiplied by the complement of the state's average per capita income. The state match requirement is 25 percent.

To be eligible for its funds, a state must provide assurances that it will implement the following protections for all children in foster care by:

- conducting an inventory of all children in foster care for at least six months;
- establishing an information system for all children in foster care;
- conducting periodic case reviews of all foster children;
- providing due process protections for families; and
- conducting in-home and permanent placement service programs, including preventive and reunification services.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ June 1995

Five Programs that Complement Child Welfare Services

Five discretionary programs related to child welfare services provide grants and contracts to public and non-profit agencies for research, demonstration, and training purposes. A total of $50 million is available under these programs in FY 1995. These programs provide specific services to enhance the welfare of children and their families:

- The Child Welfare Research and Demonstration program recognizes the family as the primary agent responsible for the developmental needs of children and youth. Grants and contracts are awarded to public and private, non-profit agencies, including state and local governments, universities, and voluntary agencies. Funds support technical assistance, research, demonstration, dissemination, and utilization activities in child welfare.

- The Child Welfare Services Training program awards grants to public and private non-profit institutions of higher education to develop and improve education and training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

- The Adoption Opportunities program eliminates barriers to adoption and helps to find permanent homes for children who would benefit by adoption, particularly those with special needs. Grants and contracts are awarded to public and private non-profit agencies.

- The Abandoned Infants Assistance program provides grants to help identify ways to prevent the abandonment of children in hospitals and to identify and address the needs of infants and young children, particularly those with acquired immune deficiency syndrome (AIDS) and drug exposure.

- The Temporary Child Care and Crisis Nurseries program provides grants to states to fund temporary non-medical child care for children with special needs to alleviate social, emotional, and financial stress among children and their families. Grants also support crisis nurseries for children who are abused and neglected, at risk of abuse and neglect, or who are in families receiving child protective services.

•U.S. GOVERNMENT PRINTING OFFICE: 1996-715-032/25045

B

Fact Sheet

ADMINISTRATION FOR CHILDREN AND FAMILIES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

ACF CHILD CARE PROGRAMS SERVING CHILDREN AND FAMILIES

Child care programs provide important assistance to working families and families who are moving toward self-sufficiency by participating in education and training programs. The Administration for Children and Families' (ACF) child care programs are administered by the Child Care Bureau within the Administration on Children, Youth and Families. The overwhelming majority of the children served are from working poor families. Through ACF child care, parents can choose the kind of care best suited to their families' needs.

Child care assistance is available through the states in the following programs:

Child Care for Aid to Families with Dependent Children (AFDC) Recipients
Transitional Child Care (TCC)
At-Risk Child Care (ARCC)
Child Care and Development Block Grant (CCDBG)

The first three are title IV-A child care programs, named after title IV-A of the Social Security Act which was amended by the Family Support Act of 1988 to provide for AFDC child care and TCC. Title IV-A was further amended by the Omnibus Budget Reconciliation Act of 1990 to provide for At-Risk Child Care. The Child Care and Development Block Grant is a separate program created under the Omnibus Budget Reconciliation Act of 1990.

Basic Facts about Federal Child Care Funding

Child Care for AFDC recipients entitles AFDC families with child care to the extent that it is necessary for employment or state-approved education and training. AFDC families who are working or in state-approved education or training programs, including the Job Opportunities and Basic Skills Training (JOBS) program, receive AFDC Child Care. This financial support allows them to pursue activities which will help them to become economically self-sufficient.

Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade, S.W., Washington, D.C. 20447
Phone: (202) 401-9215 \\ January 1995

Transitional Child Care provides up to 12 months of child care to working AFDC recipients upon loss of eligibility for AFDC due to increase in hours of or earnings from employment. TCC is funded as an entitlement program for those eligible and is critical to maintaining self-sufficiency.

At-Risk Child Care provides child care to low-income working families not receiving AFDC who need child care in order to work and who would be at risk of becoming dependent on AFDC if they did not receive child care assistance.

The Child Care and Development Block Grant funds state efforts to provide quality child care services for low-income family members who work, train for work, or attend school, or whose children are receiving or need to receive protective services. CCDBG provides states, Indian tribes, and territories with funding to help low-income families access quality child care for their children. In addition, CCDBG increases the availability of early childhood development and before- and after-school care services. Funds are available to provide certificates, grants, and contracts for child care services for low-income families. Nationwide, in FY 1993, 65 percent of children were served with certificates.

What the Numbers Show for FY 1993

Q. What was federal spending on child care in FY 1993?

In FY 1993, states, the District of Columbia, and territories received the following IV-A child care funds:

AFDC child care:	$470.4 million
TCC:	$112.7 million
ARCC:	$269.8 million

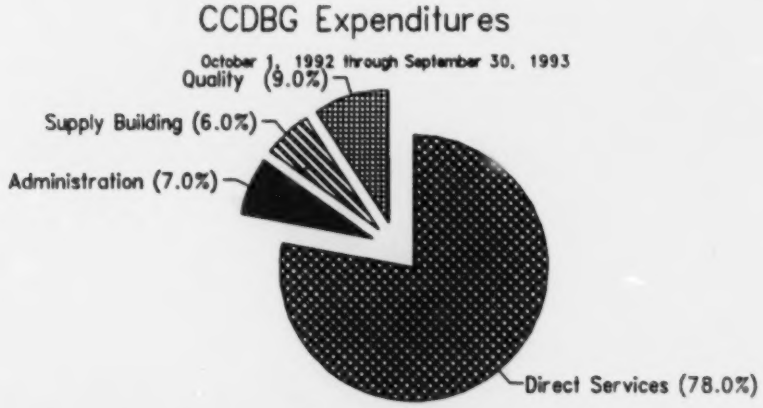
In FY 1993, 261 grantees, including the 50 states, the District of Columbia, Puerto Rico, Guam, Palau, the Commonwealth of Northern Mariana Islands, the Virgin Islands, and 213 Indian Tribes and Consortia received:

CCDBG:	$890.6 million

State matching funds are required for AFDC child care, Transitional Child Care, and At-Risk Child Care at the FMAP rate for program funds. Matching requirements ensure that states and territories will receive a certain level of funding if they contribute a specified amount. The Child Care Development Block Grant is a discretionary program requiring no match.

Q. How did CCDBG expenditures increase the quality of child care?

While more than three-fourths of FY 1993 CCDBG expenditures were used for direct services, nine percent of the funds were used to improve the quality of child care. These quality expenditures were used for resource and referral, monitoring, training and technical assistance, grants or loans to providers to improve standards, and projects to improve the compensation of child care workers.

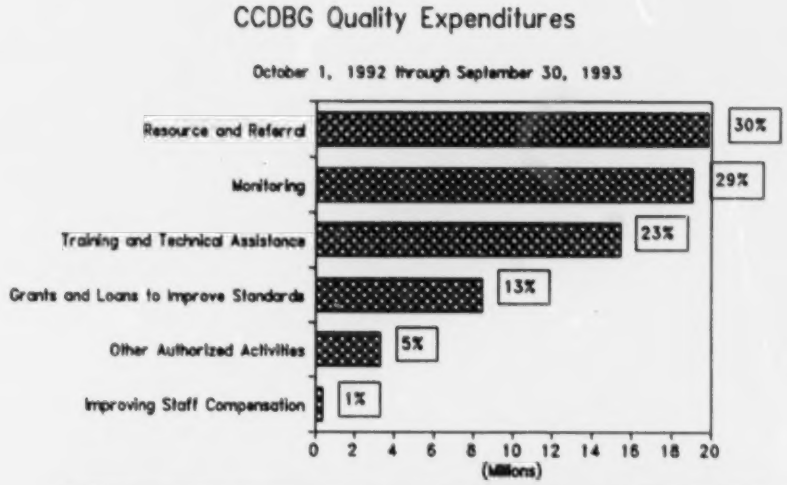


Direct Services: includes child care purchased with certificates, contracts, grants, or as part of before- and after-school care and early childhood development programs.

Supply Building: includes activities to establish, expand or conduct after-school care and early childhood development programs.

Administration: administrative expenditures are capped under the CCDBG regulations.

Percentages are based on 48 States, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, and the Virgin Islands reporting itemized expenditures.



*Total expenditures on quality (9% of total CCDBG) for reporting period – $66, 470, 571

Other Authorized Activities: includes expenses such as conducting a needs assessment or organizing a planning committee.

Percentages are based on 46 States/Territories reporting.

BEST COPY AVAILABLE

Q. How many children were served by these child care programs in FY 1993?

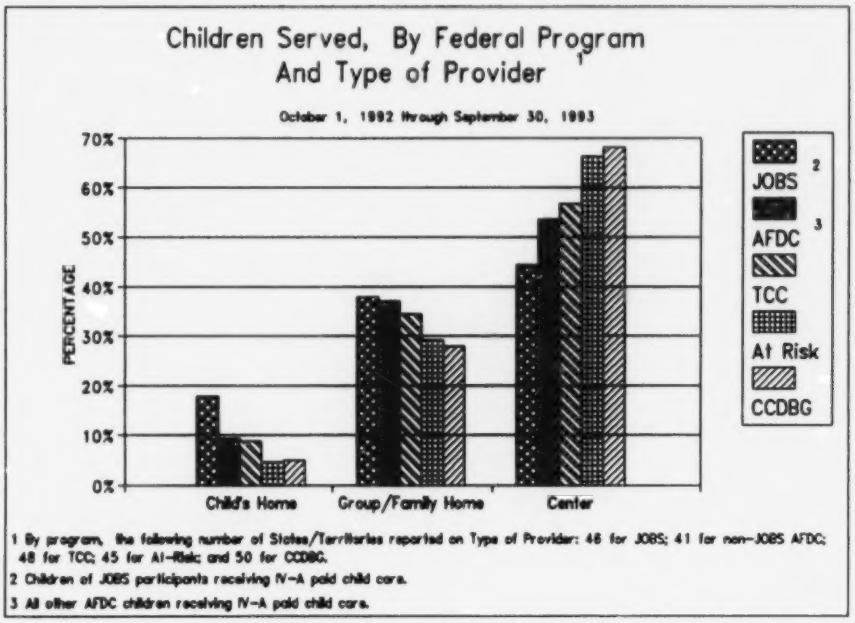
FY 1993 average number of children served:

AFDC/JOBS	201,389/month
non-JOBS AFDC	137,855/month
TCC	84,682/month
ARCC	219,017/month
CCDBG (funded some portion of care for):	755,904/year

NOTE: Weekly hours or number of months for which child care was provided varied according to family need.

Q. What types of child care did parents choose for their children?

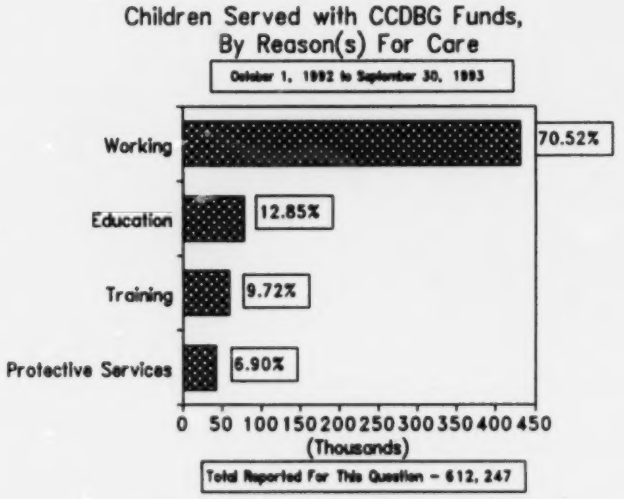
Parents choose a wide variety of child care arrangements. In FY 1993, the child care arrangement most frequently chosen by parents receiving title IV-A and CCDBG funds was center-based care. The next most frequently chosen arrangement was family day care home or group home followed by child care provided in the child's own home.



BEST COPY AVAILABLE

Q. Why did families using CCDBG funds need child care assistance?

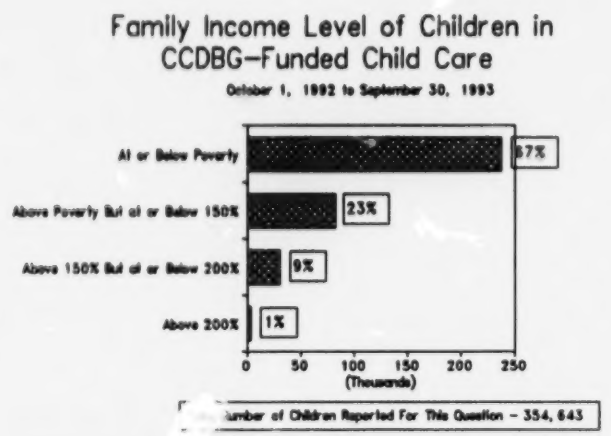
In FY 1993, over two-thirds of the children needed child care because their parents were working.



*Based on 40 States, the District of Columbia, Puerto Rico and the Virgin Islands reporting.

Q. What was the income level of the families using CCDBG-funded care?

In FY 1993, approximately two-thirds of the children in CCDBG-funded child care lived in families that were at or below the federal poverty level. Almost a quarter of the children in this program lived in families with incomes between 100 and 150 percent of the poverty level.



*Based on 31 States/Territories reporting.
** Poverty refers to the Federal poverty level, though Grantees may vary on the year of the Federal poverty level used.

There is a family fee requirement for TCC, ARCC, and CCDBG based on a sliding fee scale. The sliding fee scale is based on family size and income, and may include other factors as well. AFDC families do not contribute to the cost of child care provided under title IV-A.

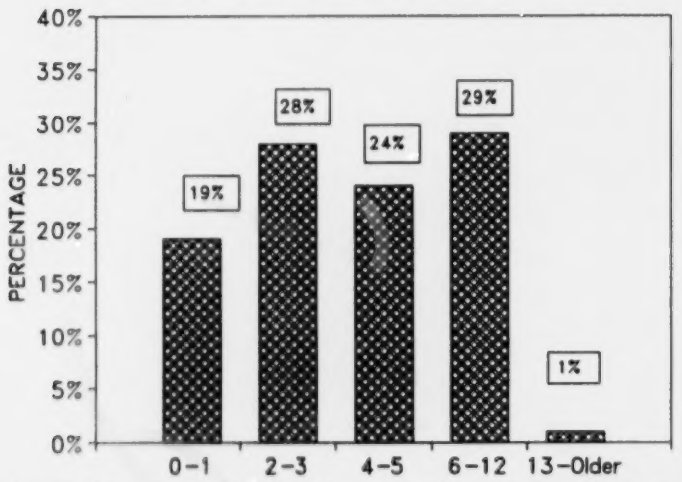
BEST COPY AVAILABLE

Q. What were the ages of the children in these programs?

FY 1993 age data are available only for children of AFDC/JOBS participants and children in CCDBG-funded care. The majority of children served by both programs are under age 6.

Children of JOBS Participants Receiving IV-A Paid Child Care, By Age

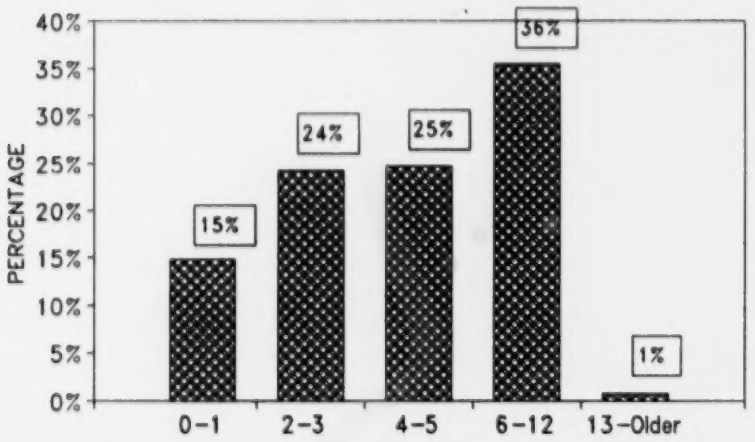
October 1, 1992 through September 30, 1993



Based on 43 States, the District of Columbia, and territories of Guam and Puerto Rico.

Children Served with CCDBG Funds, By Age

October 1, 1992 through September 30, 1993



*Based on 41 States/Territories reporting the age(s) of children served.

**Children 13 years of age and older must be under the age of 19 and be physically or mentally